

**2011 AMCHP and Family Voices National Conference: A Model of Working Together to Change the System of Care for CYSHCN: Creating an Infrastructure That Facilitates Networking and Collaboration**

**02/14/2011 Omni Shoreham, Washington, D.C.**

Female: Okay. Welcome everyone. We're so glad to see all of you at this late hour of the day. You're really persistent here in learning; it's wonderful. So this is the session A Model of Working Together to Change the System of Care for Children and Youth with Special Healthcare Needs, Creating an Infrastructure that Facilitates Network and Collaboration. And this session is accredited for continuing education. Immediately following the conference, a link to the CDC training and continue education online system will be posted on the MCHIP website and in order to receive continuing education credit, you must complete an online CDC continuing evaluation form by Monday, March 21. Be sure to keep track of these sessions you attend throughout the conference, as you will be required to enter this in the online system.

Please turn your cell phones to the silent mode and we just want to mention that the purpose of this session is really to help you to learn the core concepts from Wisconsin's work in program integration across MCH Initiatives and to share and learn together about successful strategies for program integration.

We'd like to get a sense of who all of you are, so if we could see a show of hand how many family members do we have. Great. And how many people representing family organizations? Okay. And Title V programs? Wonderful. Training programs, such as LEND and the Pediatric Pulmonary Centers? Great. USAIDs? Okay. Any other organizations or representations I didn't mention? Okay.

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AMY WHITEHEAD: Institute for Disability Studies, great. Well welcome to all of you.

It's wonderful to see such a cross section of people. I'm now going to take a minute to introduce the speakers and then we'll get started.

It's my pleasure to introduce, first, starting at this end and going down, Sharon Fleischfresser is the Medical Director of the Wisconsin Children and Youth with Special Healthcare Needs Program and has been in that position for over a decade and has been instrumental in transforming this program from a direct service model to a systems development focus. Sharon served as the Title V faculty to the National Initiative for Children's Healthcare Quality, NICHQ, improving the system of care learning collaborative. She previously served as a medical director for an inner-city community health care center and the MCH Medical Director of an urban city health department.

Barbara Katz, next to Sharon, is the parent of three young men. Her middle son, who is 19, has significant intellectual disabilities. She is the co-director of Family Voices of Wisconsin and is a member of the statewide counsel on children's long-term support needs. Barbara holds an MA from the University of Wisconsin in Madison in Business Administration and serves as Vice Chair of the Wisconsin Board for People with Developmental Disabilities. She is also a member of the first cohort of MCH Public Health Institute from 2010 to 2011 held at the University of North Carolina in Chapel Hill.

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And next is Craig Becker and Craig is a Senior Social Worker at the American Family Children's Hospital in Clinics as well as core social work faculty for the Maternal and Child Health Training Grant with the Pediatric Pulmonary Center. He has presented both nationally and internationally on transition and cultural and linguistic competence. He has collaborated on numerous patient and family training materials related to the pediatric pulmonary diseases.

And my name is Amy Whitehead and I work with the Title V, Children and Youth with Special Healthcare Needs program in Wisconsin and I'm also a family delegate for the state.

With that, I'm going to turn it over to Sharon.

SHARON FLEISCHFRESSER: I'm going to play some musical chairs here. I'm going to get us started by just providing a little bit of history, if you will. Amy talked about, and I'm feeling kind of old, that I've been in this position for over a decade and about 10 years ago we really tried to – we began what we call our transformation of our program. We went from a direct service, a direct payment Title V Children and Youth with Special Healthcare Needs program to one that looked more at systems development. And there's lots of reasons of why that happened. One, is we were the little engine that could, if you will. We're a relatively small Title V program; we have very few staff, very few resources, frankly. Our Title V block grant allocation is the majority of our resources. So we

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don't run the Medicaid program or have some of the pieces that you might see in some other states.

And for us it was how can we broker our dollars more effectively, and so that was really the construct that we use. We use – we wanted to make sure that what limited resources we had were used most effectively and so that's what began our journey, if you will. And the process was, it did take literally about 10 years for that to happen, if you will, and part of it was we used our needs assessment process as part of the planning in that work. We also conducted focus groups, has steering committees, requested federal technical assistance for the process. So it was a rather long journey that took us to this transformation.

We developed what we called our guiding principals and we really tried to stay true to those guiding principals because we believed it. We really believed that families needed to be included in all aspects of our system and that really needed to be in a leadership and driving the system. And so looking for ways to make that happen.

And then also as I mentioned we're a relatively small, the little engine that maybe can, that wants to – that really we knew that partnerships were going to be absolutely critical for us and collaboration, that really we wouldn't be able to do our work without that.

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We've used this framework. It's held true. I think it – and I was glad to hear that the six national performance outcomes will continue as we think about Life Course and we've heard lots about Life Course in the last couple days, but really this framework that we've put together for children and youth with special healthcare needs with the six national performance outcomes are really going to remain our framework and that's what we've been using for the last 10 years.

Also we thought about what is our Title V role in this process and the concept of integration and collaboration. I mean, we saw ourselves as being responsible for overall leadership, but again we saw this as shared leadership; in particular, we really needed our families to be part of our leadership along with providers, but it wasn't going to be Title V alone, obviously.

We really wanted to think about how to establish partnerships across both the public and private sectors and again with the specific focus on families. We looked at also how could we promote quality improvement as part of our work and obviously the limited resources and coordination was part of it and thinking again too about what data, and for folks who have been involved in some of the learning collaboratives, of looking at Deb over there shaking her head. This is these domains or these bullet points, if you will, are part of what we call the Title V Index and I've put a link there for folks who want to see more about that. But I think it really does also along with those six national performance outcomes and then thinking about how they play out, these points

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again I think seem to help guide our program development. So I just throw them out there.

The structure that we put together. We, again, move from a direct service model where we were a payment system, very tiny, tiny insurance company is what I would say, to one where we are looking at systems development. And we looked at a regional model and that really came out – that was part of what came out of the focus groups and the technical assistance and as we did listening sessions across the state, that that would be about the only way. We wouldn't be able to have our services in every community alone through our Title V program. We didn't have enough resources, but we could broker our resources through a regional center model and what we heard from both families and providers is information and referral still – you know, while Wisconsin may have resources or services for families, families didn't know about them, providers didn't know about them. So some of the core services that come from our regional centers where information referral and assistance really playing a very important role training and education and then also they're an extension of us. Because there's about four of us in our program. There's not a lot of us. So our regional centers, which have many more staff frankly than we do at the state level, they come an extension of us and they have responsibility for leadership and partnerships and building local capacity.

So we are, again, an extension of the Title V Children and Youth with Special Healthcare Needs program. They may be located in

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different kinds of agencies, local health departments, are two of our regional centers, two our in children's hospital and then our fifth is in – at the University of Wisconsin, Waisman Center, which is a land and a university center for excellence on development disabilities.

We also saw from the beginning the importance of statewide initiatives and so a number of years ago we began funding Family Voices of Wisconsin. As our family leadership component. So you'll hear more from Barb. So I'm not going to talk about that. About the role of Family Voices in our program, but I can say that our program and the work we do – we obviously could not do it without that partnerships. We also fund Parent to Parent of Wisconsin. So where Family Voices may take on more of an advocacy and broader role, Parent to Parent of Wisconsin is a parent-mentoring program. So it's a direct parent-to-parent support. And Parent to Parent, for example, has worked with our blood screening, or what we call our congenital disorders program. It's worked with our Hands and Voices from newborn hearing screening. So really trying to see them as a link to other direct parent-to-parent support programs that might exist within Maternal Child Health.

Just beginning in January, we are funding a Medical Home statewide initiative. I've lifted some things; we've been involved in Medical Home activities. They've generally come from our central office by contracting with the statewide entity – with another agency, our organization – it really provides some

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flexibility, more staff to actually work on our Medical Home activities. I have listed there some of the things that we've done fairly – I mean, we've done collaboratively with Family Voices and the others that you'll hear about as far as some of our strategies, but I just list those along with some links. We've created a series of Medical Home webcasts. We created a couple years ago, a Medical Home toolkit based on our learning collaborative experience in Wisconsin. It's got great family videos. There are other great Medical Home toolkits. I think this one provides just a different perspective because it has a lot of families included in kind of the tools and tips piece of it.

We also, beginning in January, have funded what we call our Access and Health Benefits Hub or statewide initiative and that's looking at what does healthcare reform mean in Wisconsin, what does this mean with some of the recent changes in our administration. So ABC for Health is a non-profit law firm that provides advocacy and so they're actively involved in education and training for families, for providers as changes unfold. And our state and nationally, and also provide some support to our regional centers when it comes to benefits counseling. So really helping with the more complex issues that might come up or, as I said, it's rapidly changing a field and certainly something that our regional centers or myself, we're not going to be as up-to-date as ABC for Health. This is their work.

And then finally, transition, again. We've done work with – we've seen our Pediatric Pulmonary Center and it's work as frankly

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leaders as far as transition from pediatric health care to adult. They've been our champions so we've done a fair amount of work with them already but also beginning in January we're funding our University of Wisconsin Department of Pediatrics along with the children's hospital there, which is part of the Peds Pulmonary Center. It's part of that, but it's broader to look to see how we can expand our transition efforts both within their organization but statewide. So they're I wouldn't say a new partner, but an expanded partner for our work.

We have a network that we call our Collaborating Partners. We have an Internet site so that those organizations that are funded by us along with – we have a genetics network; we have a WIC, Child and Youth with Special Healthcare Needs network, and others. They all have access to what we call our Internet site where we share PowerPoint's, we have marketing materials, we expect people to use the same marketing materials so that there's starting to – people see that our Title V Children with Special Healthcare Needs program is more than just the state, but it's this group of folks all working together. And a few of those are listed.

Next, I'm going to turn it over to Barb, but the strategies that you'll hear about from folks for the remainder are Work with Family Voices and again the family leadership piece specifically our Pediatric Pulmonary Center and how we've used an MCH partner group to collaborate and then finally some of the work that we're doing with our USAID and shared resources including staffing and work plans and et cetera. So I'll turn it over to Barb.

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BARBARA KATZ: Thanks, Sharon. I have to say that I feel really privileged that Family Voices is in Wisconsin, that I'm involved with Family Voices in Wisconsin because of our incredible partnership with our Title V program. In our thinking in putting this presentation together, one of the things that – it came to us after attending national meetings for a number of years that our model is pretty unique and so we're really happy to share it with you today.

When we talk about – so I'm going to take you through about 10 minutes of the Family Leadership work that we do in Wisconsin. We are the home of the Family-to-Family Health Information Network. Most Family-to-Family Health Information entities or Family-to-Family Health Information Centers and they do a lot of one-on-one work. We had to construct ours in Wisconsin; we chose to construct ours in Wisconsin a little bit differently because we already had one-on-one assistance to families that were provided through the regional centers. And so it didn't make sense for us to duplicate that work and the regional – so we work very closely with the regional centers and we have three prongs of our work. Our work focuses on education and training, information development and dissemination, and public policy and systems change work.

We do participate in a number of Title V activities. We're a partner on the connections grant, which was an autism spectrum disorders grant. We've participated in integrated systems activities and we also contributed last year heavily to the development of the

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Title V block grant. And I have to tell you, for those of you that are like sitting by this window, I don't know if you hear it but it sounds like there's a tornado. I don't think so, but coming from the Midwest I have to think about that. But it is quite dramatic up at this end of the room. Let's see.

So around training opportunities. We have developed an overall training curriculum called Did You Know Now You Know, which is a five-module training that provides an overview of healthcare and community supports for kids with special healthcare needs and disabilities in Wisconsin. And it goes through different modules of being sort of the journey of being a parent to really understanding very specifically what Medicaid card benefits are, what Medicaid waiver benefits are. We talk about participation and decision making, entities and what that might involve, how people might get involved in public policy work and also earlier in the modules we talk about just the way money flows into our state and how money is allocated and decisions are made. We feel that this is really important information for families to have so that when there are concerns, like we have now in our state, about shifting priorities and shifting dollars with those shifting priorities that families are aware of how this might impact their children.

We also then as we did our Did You Know trainings around the state, we realized lots and lots of people are talking about transition and transition not only to transition to healthcare, we've partnered with the Peds Pulmonary Center. We won't blow away, I promise. Solid building, except for we do have windows. But anyway.

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We partnered with the Peds Pulmonary Center to do a health in the IEP training; we've partnered with some managed care organizations to present this to both families and youth simultaneously and also transition to adult healthcare. We've participated in different kinds of leadership activities that other entities run like Parents as Leaders, Parents and Partnership, Youth in Partnership with Parents, but again bringing that common message of families need to be appropriately informed and families need to really understand what lies behind the supports and services and decisions they're making on behalf on their kids. So that's the armatura that we're trying to get through in a number of different ways.

We were invited to do a series of birth to three webcasts based on our Did You Know curriculum. We did this probably three years ago and now this year we're revisiting that and breaking it up into distinctive 15 to 20 minute segments so that new service coordinators who are coming into the system will get that same information that families are learning. Again, another principal that we hold is that families and providers learn very effectively when they learn together and so we try include both family members and providers whenever we have opportunities to do so.

Around educational materials, new information dissemination – here's our list. And we get a lot – we are informed about the materials and the content of our fact sheets and our newsletters and issue papers that we write by what we hear back from families at

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our trainings, what we hear from monthly information and referral calls that we participate with the regional centers and other collaborators. And what we hear just through relationships that we've developed with other people in the network. So we really rely on the network a lot to inform us about what's important for families to be hearing about on what the hot topics are as they do a lot of the regional centers in particular do a lot of direct work with families.

Around our family leadership activities, our public policy and advocacy work is that we are now creating an agenda for Children and Youth with – a public policy agenda for Children and Youth with Special Healthcare Needs that will be connected to other kids and disabled policy agendas in other states. As Sharon talked earlier, we're a small program and we need to figure out how to leverage our relationships and leverage our connections with other organizations to move policy papers and policy issues forward.

So an example of this, we had a couple of weeks ago in January, shortly after our new governor and legislature came in, a change in our Family Medical Leave Act and there was – Wisconsin has more generous provisions in our state plan than we do in our federal plan for Family Medical Leave Act and the government, the state government was interested in federalizing that. And so what we did is we came forward, collected a lot of family stories, had meetings with the chair of the committee that was hearing this and one of the drafters of the legislation and at this point changes are now put on hold. I can't say that family stories and our work

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took – caused it all but it certainly contributed to it because what policy makers didn't understand and because they were moving at such a quick clip is the unintended consequences of their actions on families and so they said, "Okay. Time to put a hold on this."

I think really what makes our family leadership efforts work so well in Wisconsin is because we have that complete buy-in from our Title V Children and Youth with Special Healthcare Needs program. They've been supporting – when you said that you'd been with the program about 10 years, I've been realizing – or a little more – I'd been realizing that it's about 10 years that Family Voices has been supported by Title V Children and Youth with Special Healthcare Needs and so there's principals of family inclusion and integration into all aspects of the program as sort of a fundamental value that the program holds. And I think that's what makes it such a strong partnership.

So I'm curious from those of you that are here today, if you'd like to share any of your experiences with family leaders around – well here's our specific question: how are family organizations and families engaged in Maternal and Child Health partnerships in your communities or state? And Jack... Jack has the microphone. So as – because the session is being recorded, so as you speak he'll go around with the microphone. So please don't speak until he gets to you.

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So, any thoughts about the connections between family organizations and Maternal and Child Health Programs in your states that you want to offer? Yeah? There's Jack.

Female: Question.

BARBARA KATZ: Yes?

Female: How are you integrating the family organizations that work with mental health, substance abuse, and all the other --?

BARBARA KATZ: We're all part – there's a disability coalition in Wisconsin called The Survivor Coalition and it's made up of about 40 organizations and our primary organization that supports children with mental health concerns is Wisconsin Family Ties and we connect with them in a number of ways. One is we participate together on this group called The Survivor Coalition and that develops a legislative platform and then we move forward issues. And then every other \*\*\*\* years, Family Voices, in collaboration with Disability Rights \*\*\*\* Wisconsin, which is our protection and advocacy group, the Board for People with Developmental Disabilities, Survival Coalition, Wisconsin Facets, which is our PTI, and Wisconsin Family Ties all come together to develop this thing called Advocacy for Change. It's a parent leadership institute and it's a two-day program that we collaborate on and we invite parents to apply for this. We're looking for parents who have had some degree of leadership involvement and we ask them to apply and tell us why they are interested and then we'll dwindle that group

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down to about 30 or 40 parents. We are bringing in a national speaker, a woman named Nancy \*\*\*\* from Seattle, who will be coming in. You know her. She is a great advocate, great teacher. She is from the -- retired from the School of Social Work in Seattle, and she will be leading us through a two-day session of, basically, how to tell your family story. And, then, we will have issue briefings from different partners of Survival Coalition. And, then, on day two, we will sort of like this inspirational send-off. With all of our family participants we will make appointments for them to visit their legislators, come back and have a debriefing, and then the parent participants will then complete a commitment to action form. And, when we did this two years -- for activities that they want to do moving in the future. When we did this two years ago, there were a number of parents that came to talk with their legislators around mental health issues for kids. So, it's a long way of answering your question. Anything else? Any other stories of what you might want to share that's going on in your state or questions? Yes?

LEAH JONES: Hello, my name is Leah Jones, I'm from Delaware. I'm the MCH Deputy Director. And something that we've started in Delaware, it's very new, in the beginning stages, is develop an umbrella organization. We're trying to get all different organizations that are serving families with children with special healthcare needs to work together. We have 40 committed partners. We're hoping to have this umbrella serve as a fiduciary agent. It sits in the home of our University of Delaware Center for Disability Studies. And, so, they have a couple of staff members that are helping facilitate and

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lead the effort. We're in the midst of developing a governance structure, an advisory board where family members sit on the Board. We're really designing this from scratch, so we're hoping that it really comes together well. And, so we are in the beginning stages, so.

BARBARA KATZ: That's excellent, thank you. Good luck with that. That's exciting. What else? Come on. There has to be stuff going on in your state around parent leadership. Yes?

Female: Hi, I'm from Maryland, and we have a Community of Care Consortium that is also, it sounds similar to what you're developing in Delaware, with multiple governmental and private agencies, some community groups, and it's headed up by our MCH Children with Special Healthcare Needs office and our Family Voices Organization, which is Parent's Place of Maryland. So, they have a lot of input and have worked very closely with us.

BARBARA KATZ: And what kinds of projects do they work on together?

Female: They have done -- in the recent years they have done some mini-grants to different organizations. The biggest one they've recently completed was actually presented here today, the Developmental Screening Initiative, where they helped to fund and organize developmental screening training for primary care pediatricians in Maryland. And, now they are helping to fund the -- or we're helping to fund the research to look at how that's working out, so.

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BARBARA KATZ: Great. Thank you. Anyone else? I know it's late in the day. All right, Craig, you're up. Thanks.

CRAIG BECKER: [INAUDIBLE] And we've talked about the PPC, the LENDs and the MCH partnerships and just because this is the land of lingo that we're in, we thought it would be very nice to explain to you, PPC is Pediatric Pulmonary Center. The LEND is the Leadership Education in Neurodevelopment and Related Disabilities. And the MCH Partner Group. So we'll talk a little bit more later on each of those partnerships. But kind of there is some common things about what has made this whole partnership work and the obvious thing is we share the values. We share the values; we want to work together, even though from Wisconsin, the land of silos, we realize that perhaps a silo is not the best approach to this. And we make ourselves available and we figured out sharing the resources and really genuinely believing in the value of partnership. And it's nice that we can believe in that value but that we have buy-in and we have buy-in from leadership, from program directors, project officers, team members. It's not just four random people going, "Hey, this is a good idea." We've gotten the buy-in kind of across the board.

Having said that, it takes a lot of flexibility. I'll talk a little bit more about that and patience, patience, patience. The whole silo approach is definitely one of the issues that requires a lot of patience and a lot of tenacity and we'll talk about how we've worked on that. Training is one of the things that is probably the best way to sort of taking a look at that and family mentoring. So

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from the Pediatric Pulmonary Center it was a requirement for all of our long-term trainees and initially we started with the faculty partnership with the LEND who provided that experience with our trainees. A while into that, the Pediatric Pulmonary Center included a family faculty position and this person then began coordinating with the LEND Program. So the LEND faculty mentored the PPC family faculty member to take on that role. It was not quite such a slick process creating family as faculty. We were committed but as a Pediatric Pulmonary Center, we're not funded to have family as faculty. We struggled with how to implement that and the LEND faculty did a great job with providing leadership and mentoring to our PPC on that. We had an Aha moment, sorry Oprah. Our administrator for our grant was the parent of a child with special healthcare needs and even she one day sort of said, "Well, hey, that's me." And so we ended up adding on to her job and increasing her percentage to be family faculty. So that was kind of a first step. Since that point, we realized that's not fair to make somebody try to wear two hats to say, I'm sitting in a meeting and I'm administrator, I am the \*\*\*\* counter, I'm looking at the money with the grant. Oh and by the way, I'm a parent representative.

So, as situations have kind of emerged we now have a family as faculty. We hired someone at 21 percent as a family faculty position. Twenty-one percent you say. That would be a university rule at 20 percent that don't get to have their retirement buy-in. At 21 percent they do, so that's the odd percentage and the rationale behind that. The Wisconsin LEND and the PPC provide shared

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mentoring experience for a family trainee and that's a new thing. So, this particular woman is a long-term LEND trainee because the LEND can pay her and she's a medium-term PPC trainee and this was done strictly to provide funding for her. The PPC doesn't have that funding. This is where that whole term flexibility comes in and trying to think outside the box of how we can make this work. And making this work is an interesting process because the LEND and the PPC both share the same values, the same missions, but we have different learning contracts, different activities, but we figured you know what we're all kind of singing from the same hymnal here, we can provide a mentoring experience for the family trainee. And so we share portions of the leadership-training curriculum. And I will turn it over to Amy for a bit.

AMY WHITEHEAD: Thank you, Craig. Okay, we're going to just switch gears a little bit to talk about another critical partner in our University Center of Excellence for Developmental Disabilities and in Wisconsin, it's the Waisman Center. This is a picture of the building just to give you a visual. The Waisman Center has been really instrumental in facilitating and being a leader with Title V in these partnerships. So we want to just talk a little bit about that. The Waisman Center is where the LEND Program is. It's where – I am actually a Waisman Center employee, even though I'm at Title V. So we'll talk about that in a minute, but it's been a leader in this work. So we're going to just give you a few examples of how the Waisman Center has interacted in some of these across program partnerships to create a real sense of program integration across a number of MCH funded programs.

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One example of the partnership is through a medical home webcast series. Sharon mentioned earlier how Medical Home is an area where we've done a lot of work in. And through a combination of resources, we developed in the last couple of years a Medical Home webcast series that is if you go on the Waisman Center homepage and Google this you will find it. But it's a set of webcasts. Most of them are about 20 minutes long that focus on all different aspects of Medical Home. So there might be one on early developmental screening. There's one on family centered care and family provider partnerships and so on. There are a number of webcasts and these are made available to primary care physicians, to community partners, to families, and to the LEND and PPC trainees in addition to any other trainee that might be interested. Just as an example of this collaboration, we've collaborated also with our early intervention early childhood partners at the Waisman Center to make sure we have a set of webcasts around early childhood development and childcare supports and that kind of thing.

Another example of the partnership is Craig did a webcast on advanced directives for youth in transition. So we've really tried to make this a comprehensive set of webcasts and actually we're adding to them all the time. But it's been a really nice example of shared resources and then shared usage.

Another example of a partnership comes through a database that we have developed. Between the \*\*\*\* and Title V, and this

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database serves a few purposes. For today, I'll just talk about the purpose is to collect data on the primary care physicians. We're through a number of different efforts; we are engaged in promoting early developmental screening in our state with primary care physicians, as I know many of you are as well. And what we really realized is that so many different groups are reaching out to physicians but no one's capturing all the information. So we're trying to capture by – it's really based on contact, on individual primary practitioners' names exactly how they've been involved in Medical Home Initiatives. So for example, has someone gone to that practice and done outreach and just given them information about Medical Home and had a conversation with them. Have they attended any of our trainings for primary care practitioners? Have we given them an ASQ3 kit, so that it will help them to provide an incentive for them to start implementing developmental screening? Have they gone to a Train the Trainers session and now they're becoming really a Physician Champion or a PCP Champion.

This is really just an example of how we have pulled our resources to try to capture what's happening in our state around Medical Home. We're just in the -- actually it's not done yet, we're still working on it, but it's part of a bigger effort that involves partners outside of MCH; and that's another question that we're going to grapple with is, there's so many groups doing Early Childhood, I mean sorry, Early Identification Screening. We want to look at how we can share that information across different systems, but at least now we have something that will capture the information for Title V and other MCH Partners. So that's exciting to us.

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Another example of how we've partnered across MCH Programs is through shared positions. And I'll just give you a few examples. Barbara mentioned that we have a Combating Autism Act Initiative State Implementation Grant. And when we set that up one of our staff people, Gail Children, is part of her time is on the State Implementation Grant and part of her time is as a LEND Staff Person. And it's been wonderful to have a staff person who's on both of those MCH-funded projects because she acts like a bridge between the two. And she communicates information back and forth, and it really helps up to look for areas where we could collaborate because we hear about what they are doing and they hear about what we are doing, and we can say "Hey, how about we do this training together?" So LEND and the Combating Autism Act Initiative have co-sponsored any number of events and that's just strengthened our work together. Another example is between Family Voices and the \*\*\*\*\*. Another co-directory besides Barbara, of Family Voices is Liz Hecht, and she is physically at the Waisman Center; she's staff at the Waisman Center. She's also at Family Voices. So that's been way, again, to have people who kind of provide that bridge between different programs. And then we see there are lots more opportunities that come up when you have the people at the table.

Between LEND and the PPC, Mary Marcus, Craig's colleague, has a shared position; part of her time is at the hospital, which is across the street from the Waisman Center and part of her time as a

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Nutritionist is with LEND. So again, that just has increased our opportunity for partnership between those two training programs.

The Title V and the \*\*\*\*\* share actually my position. I mentioned this before, I'm a \*\*\*\*\* employee, but I work down at Title V. And that I feel like has just enhanced all of our collaborations because again when you're sitting at the table and you're wearing two hats, you're looking for opportunities for each organization or each program. And you can say, "Hey, how about if we did this together?" Or, "How about if we tried it this way?" And it just -- the possibilities just really expand and the collaboration just is really strengthened.

We'd like you now, if you're willing, to turn to your neighbor or find a partner and just take a few minutes to answer this question. Thinking about what we've just talked about, how are MCH training programs and \*\*\*\*\* in your state partnering with other MCH initiatives? If you can just take a minute to talk to your neighbor and then we'll do some reporting out.